

Kick-off Workshop - 27. April 2020

Qualitätskommission und Schwerpunkte der Ständigen Kommission Weiter- und Fortbildung (SKWF)
Schweizerische Fachgesellschaft für Psychiatrie und Psychotherapie (SGPP)

Entrustable Professional Activities (EPAs) in der psychiatrischen Weiterbildung

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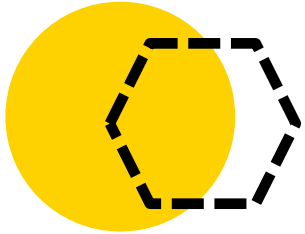
Universitäre Psychiatrische Dienste (UPD) Bern

Inhalt

- Definition EPAs
- EPAs als Teilaspekte von Kompetenz
- EPAs in der psychiatrischen Weiterbildung
- Implikationen für Umsetzung

Entrustable Professional Activity (EPA)

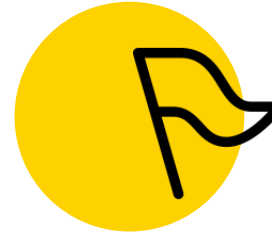
Anvertraubare professionelle Tätigkeit (APT)



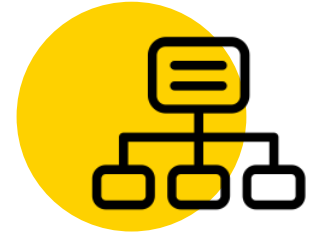
Abgrenzbare
klinische Tätigkeit



Klarer Beginn
und klares Ende



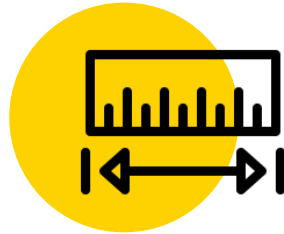
Essentiell
und relevant



Delegierbar



Führt zu einem klinisch
relevanten Ergebnis



Messbares
Ergebnis

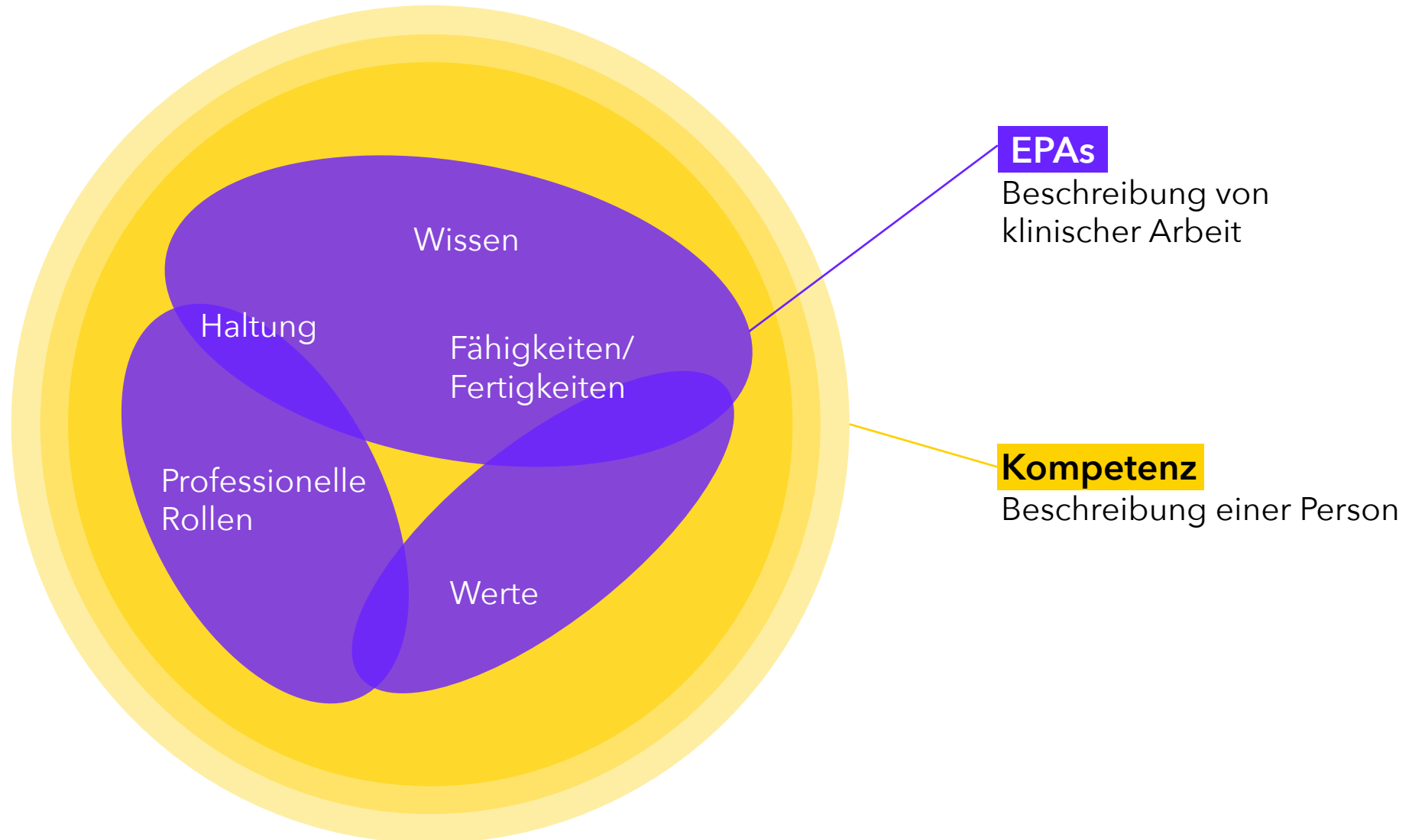


Nur durch qualifiziertes
Personal durchführbar

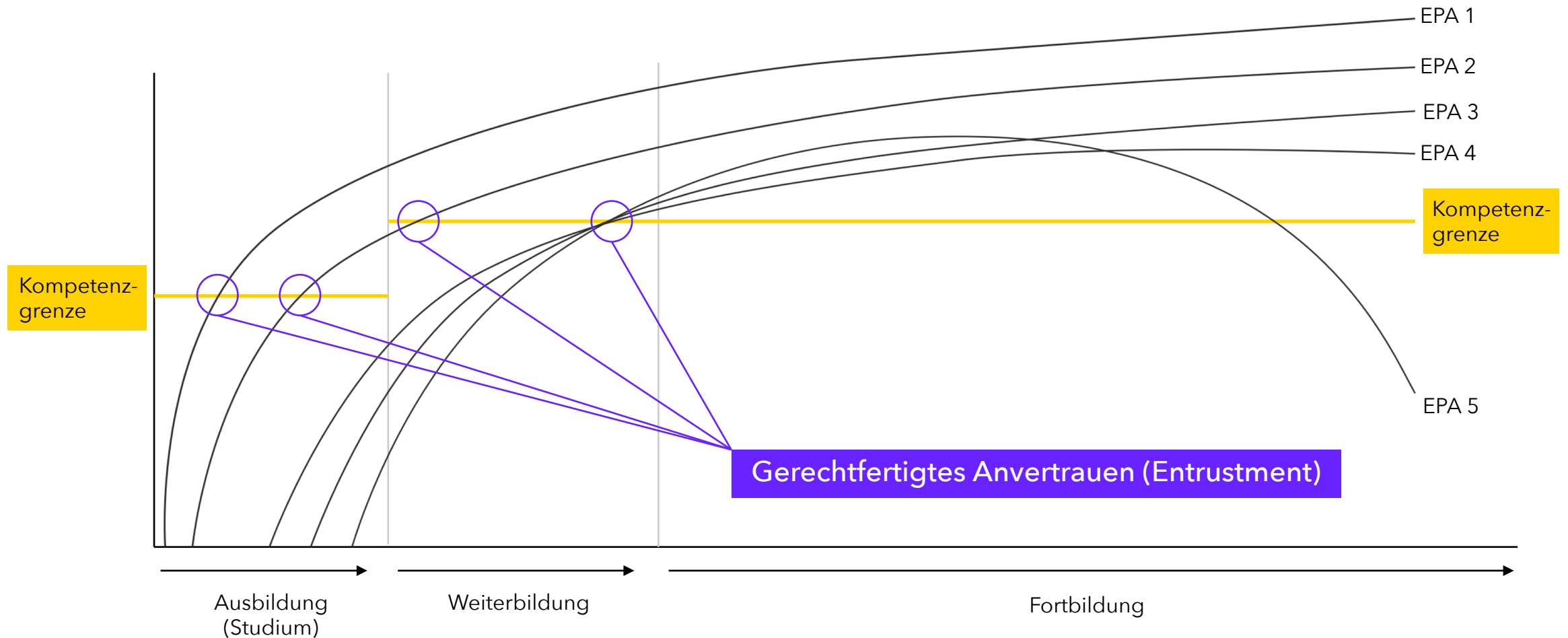


Beobachtbar

EPAs als Teil der fachärztlichen Kompetenz



Kompetenzverläufe für eine*n Weiterbildungsassistent*in



EPA-Prüfung (Arbeitsplatz-basiertes Assessment)

Traditionelle Skalen



Checkliste



Schulnoten



Erwartungen erfüllt



Problem:
Retrospektiv und abstrakte, nicht
handlungsorientierte
Rückmeldung



Supervisions-Skala mit Feedback



"Ich muss alles erklären"

"Wir machen es zusammen"

"Ich schaue zu"

"Ich kann kurz weg"

"Sie/er kann mich dazurufen"

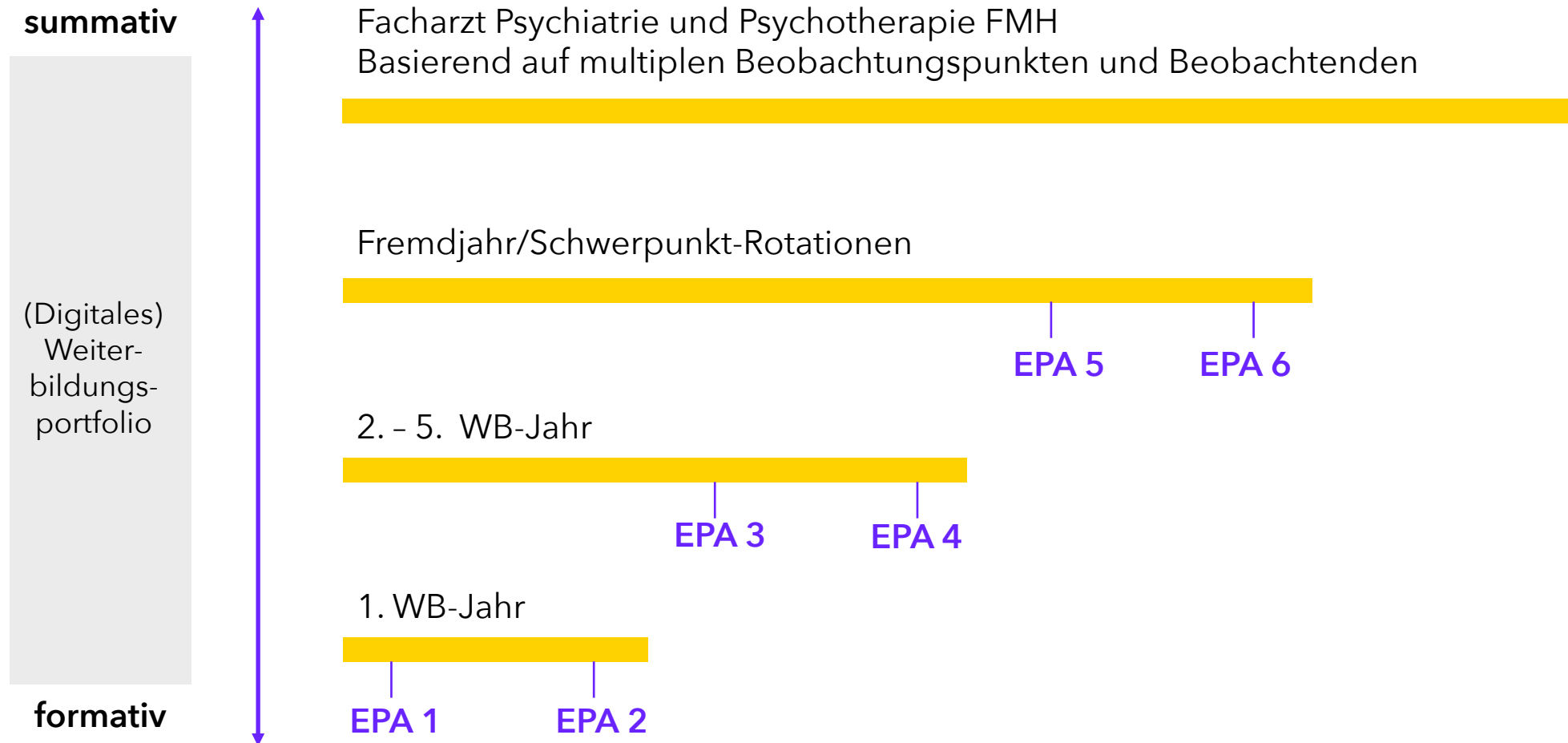
"Ich kann heim gehen"

"Braucht mich nicht"



Führt zu:
Handlungsorientierter
Rückmeldung

EPA-Prüfung: formativ vs. summativ



Beispiel formative EPA-Prüfung im Studium

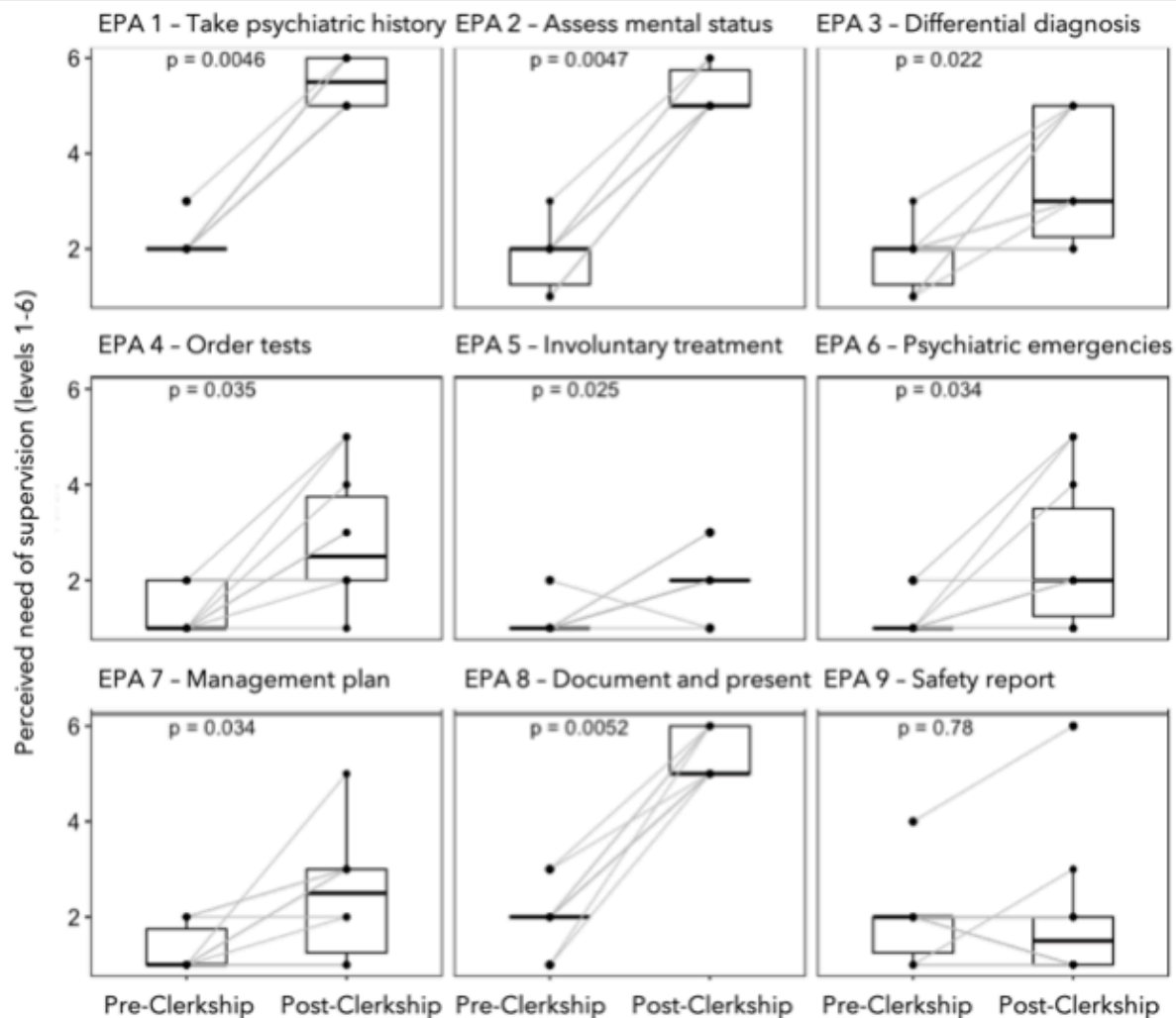


Figure 1. Changes of perceived need for supervision per EPA. Levels of supervision: 1 = "I can only observe this activity", to 2 = "I can do this only as a co-activity with the supervisor", 3 = "I can do this activity, if the supervisor is present", 4 = "I can do this, if the supervisor completely repeats the activity", 5 = "I can do this, if the supervisor repeats the important parts of the activity", 6 = "I can do this, if I can ask for help when I need it"

“

EPA 1 - Psychiatrische Anamnese

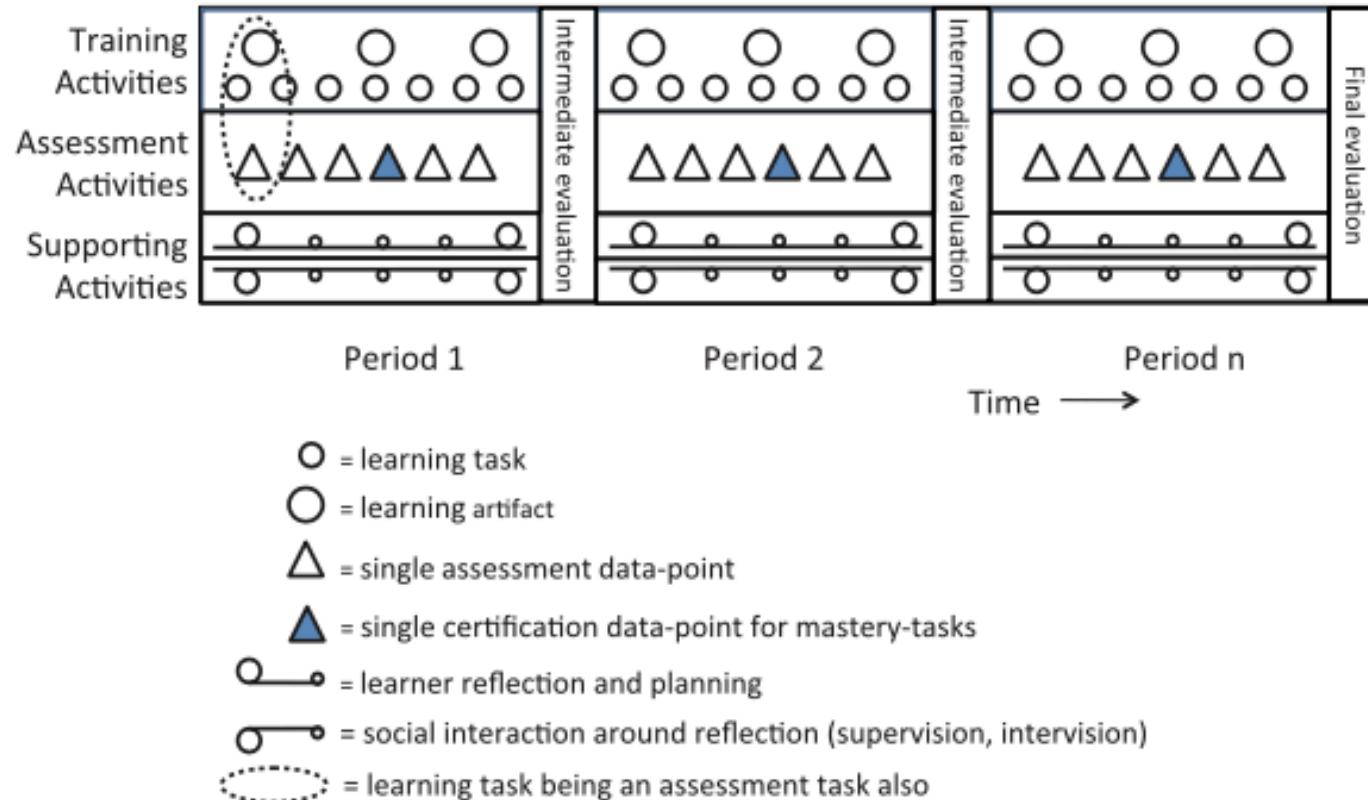
Ruhige Gesprächsführung bei schwieriger Gesprächssituation. Im Gespräch somatische Anamnese nicht erhoben. Trotz Vorberichten immer alles fragen.

“

EPA 2 - Erheben des Psychostatus

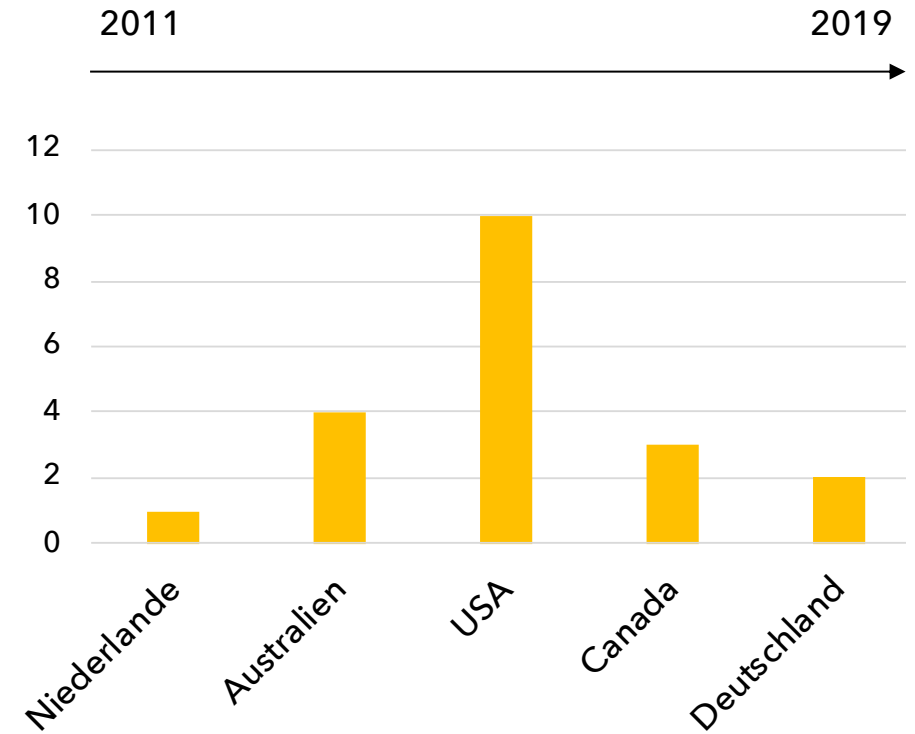
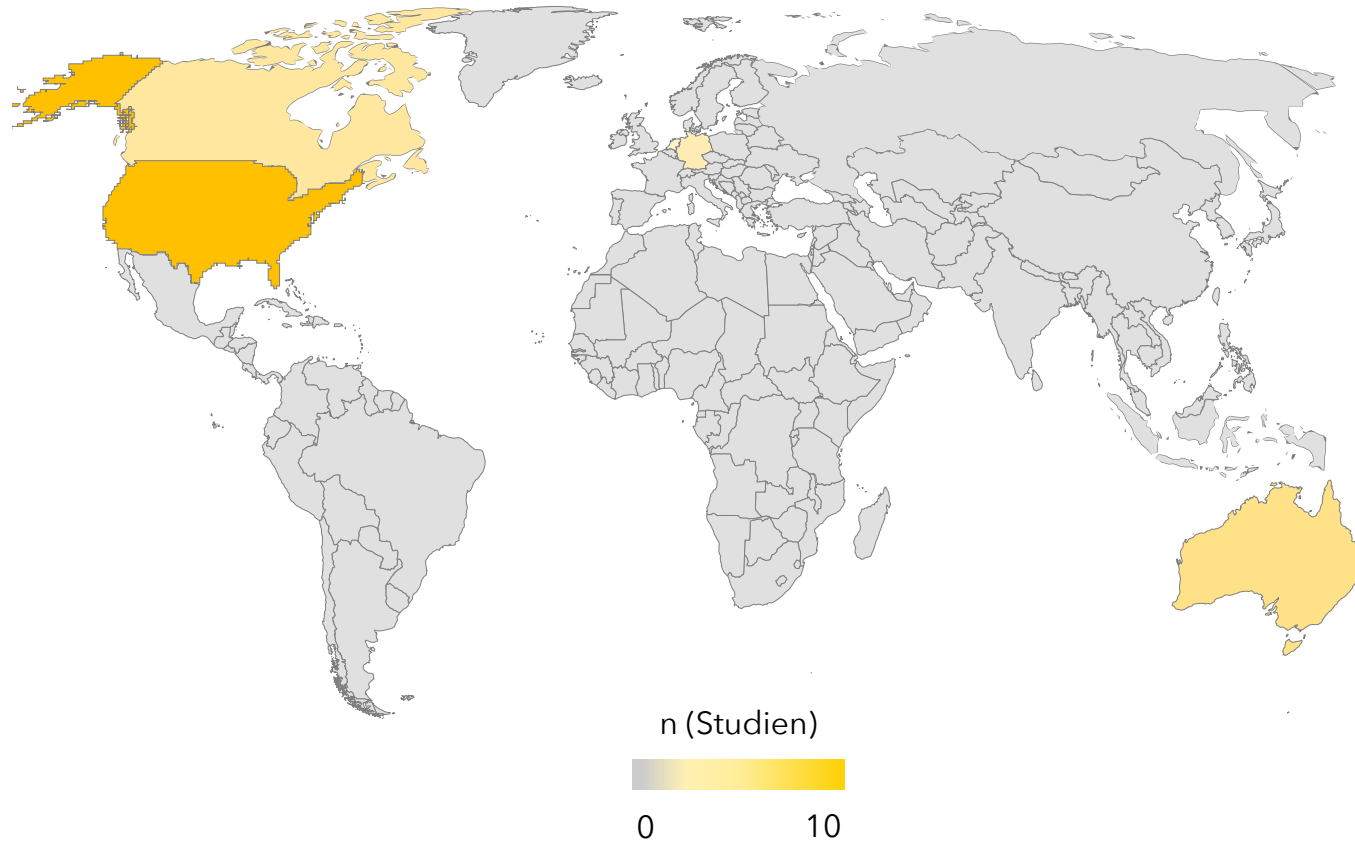
Insgesamt guter Eintritt, bei logorrhoischem Patienten hätte der Psychostatus etwas strukturierter erhoben werden können.

Beispiel summative Prüfungsentscheidungen «Programmatic Assessment»

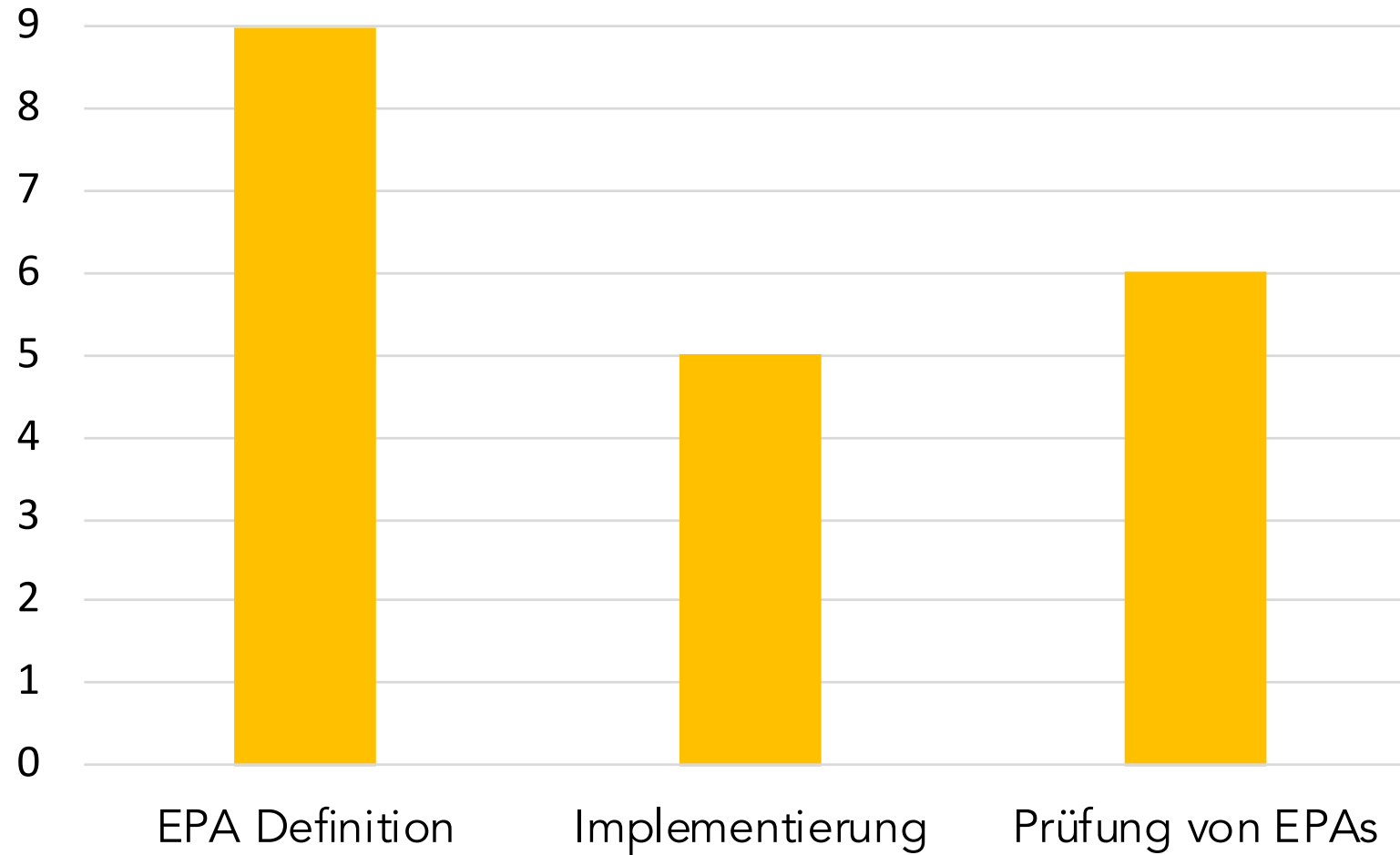


Ärztliche Leitungsrunde
(«Clinical Competence Committee»)

Studienlage zu EPAs in der psychiatrischen Weiterbildung



Bisherige Studienschwerpunkte



EPA-Entwicklung

- Titeldefinition
- Spezifizierung (Umfang, Kontext, Weiterbildungsziel)
- Relevante Kompetenzdomänen, Wissen, Fähigkeiten, Fertigkeiten, Haltungen
- Form und Häufigkeiten der Überprüfung (Supervisionslevel)
- Gültigkeitsdauer

Beispiel EPA-Dokument

aus EPA-Handbook 2012 - RANZCP 2012

ST1-GEN-EPA5 – Antipsychotic use

Area of practice	Adult psychiatry	EPA identification	ST1-GEN-EPA5	
Stage of training	Stage 1 – Basic	Version	v0.3 (EC-approved 14/03/14)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Use of an antipsychotic medication in a patient with schizophrenia/psychosis.			
Description Maximum 150 words	The trainee understands the role and use of antipsychotics, including clozapine, their risks, benefits and alternatives. They are aware of the common and potentially serious side effects, their detection and appropriate management. The trainee adheres to the protocols, documentary and administrative obligations and other aspects of safe initiation, monitoring and treatment. The trainee can engage where possible with the patient, obtaining consent as far as possible, can listen and respond to the patient's concerns and provide explanations in a clear manner. They are aware of the factors that may contribute to non-adherence and those that may improve treatment adherence. They have a respectful and professional attitude towards the patient and other members of the multidisciplinary team.			
Fellowship competencies	ME	1, 2, 3, 4, 5	HA	
	COM	1, 2	SCH	
	COL	1, 2, 3	PROF	1, 2
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below. Ability to apply an adequate knowledge base <ul style="list-style-type: none">• Positive and negative symptoms and cognitive deficits in schizophrenia, the current dominant hypotheses for schizophrenia and their mechanisms.• The antipsychotic effect and other effects of these drugs on thinking and behaviour.• The common time period for the onset of the full antipsychotic effect and issues surrounding polypharmacy.• Pharmacology of antipsychotics and drug interactions.• Knowledge of protocols, safe monitoring and side effects (eg. EPSE and metabolic syndrome), including life-threatening side effects (eg. myocarditis, agranulocytosis). Knows how to respond to problems and will appropriately seek assistance.			

Beispiel EPA-Dokument

aus EPA-Handbook 2012 - RANZCP 2012

	<ul style="list-style-type: none"> • Factors other than non-adherence that can initiate or maintain a relapse, eg. high expressed emotion, illicit drugs, drug interactions (eg. smoking with clozapine and olanzapine). • Understands options for mode of delivery of antipsychotic treatment, eg. oral/injectable (depot). • The concept of a biopsychosocial approach to treatment. • Issues of informed consent in the chronically mentally ill, ethical issues. <p>Skills</p> <ul style="list-style-type: none"> • Physical and mental state assessment. • Adapts approach to fit the patient's personal and cultural background, mental state and diagnosis. • Establishes rapport, involves patient and where appropriate support network in decision making, risk-benefit analysis and incorporates patient aims in the treatment plan. • Applies the biopsychosocial model in formulation and management including patients with treatment resistance. • Assesses and manages side effects. • Able to give explanations in a way that is understandable and meaningful. • Clear and respectful communication with other staff, both written and verbal. Clear, legible documentation. • Manages discontinuation and recommencement. • Able to manage acute and longer-term treatment. • Applies the principles of rehabilitation psychiatry. <p>Attitude</p> <ul style="list-style-type: none"> • Professional approach to patient and others including respect for the views of the patient and others. • Willingness to learn from others involved in the patient's care.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<p>One WBA could focus on clozapine.</p> <ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA).
<p>References</p> <p>GALLETLY C, CASTLE D, DARK F et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. <i>Aust NZ J Psychiatry</i> 2016; 50: 410–72.</p>	

EPA-Entwicklungsstand in der Weiterbildung

Ende 1. Weiterbildungsjahr (Boyce 2011)

- 4 EPAs (Australien)
-

Vollständige Weiterbildung (RANZCP 2012)

- WB-Jahr 1
- WB-Jahr 2-3
- WB-Jahr 4-5

- 2 EPAs
 - 4 EPAs (Basis) + 10 Rotations-EPAs
(2 KLP, 2 KJP, 2 Sucht, 2 Alterspsychiatrie,
2 Wahlrotation)
 - 2 PT-EPAs
-

Psychiatrische Nofaufnahme
(Fage 2018)

- 5 EPAs (Kanada)
-

Abschluss Weiterbildung (Young 2018)

- 10 EPAs (USA)
-

Einzel-EPAs

(Port 2012, ten Cate 2012)

- EPA zu EKT (Australien)
- EPA zu Patientenübergabe (USA/Niederlande)

Fazit und Ausblick



Praxisnah



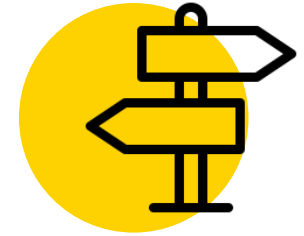
Nutzbare Vorarbeit



SIWF unterstützt
digitale EPA-Reformen



Zahlreiche
Kooperations-
möglichkeiten



Welchen Weg will die
SGPP gehen?

Fragen?

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- Taylor, David R., et al. "EQual, a novel rubric to evaluate entrustable professional activities for quality and structure." Academic Medicine 92.11S (2017): S110-S117.
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- Young, John Q., et al. "Developing end-of-training entrustable professional activities for psychiatry: results and methodological lessons." Academic Medicine 93.7 (2018): 1048-1054.
- <https://www.ranzcp.org/epahandbook.aspx>